

This annual, and greatly anticipated, two-day event offers providers of holistic goods and services an opportunity to display, sample and sell at the Empire State Plaza. OGS-sponsored events, such as the Mystic Fair, held at the Empire State Plaza, serve thousands of State employees, visitors and are intended to be family friendly.

Vendors and practitioners providing the following are invited to apply to participate:

Visionary Arts and Music

Gems, Crystals and Stones

Dream Interpreters

Massage and Healing

Tarot Card Readers

Astrologists

Seasonal Products (Halloween/Fall)

Angel Readers

Paranormal Investigators

Mind Body Spirit Items

Psychics

Handwriting Analysts

Mind, Body, Spirit Items & Services

APPLICATION DEADLINE IS OCTOBER 18, 2023

All applications that are submitted by the above listed deadline will be considered. Sending an application does not guarantee acceptance into the program. Here's how it works:

- Vendors will be notified via email of their event participation.
- OGS reserves the right to extend deadlines
- · Ready to eat products are not eligible

For additional information please contact Diane Hems:

New York State Office of General Services, Convention & Cultural Events Tel 518-473-4756 • Diane.Hems@ogs.ny.gov





Convention and Cultural Events

Room 120, Concourse Empire State Plaza Albany, NY 12242

Vendor Application: 2023 Mystic Fair Load in begins at 7:00 a.m.

Instructions: Please complete the application by indicating the event(s) that you wish to participate in, along with the applicable fees.

mistractions. Fredse complete the applied	mon by maleating the eve	crit(s) that you wish	r to partic	sipate in, dion	g with th	те аррпеавте т	ccs.		
Business Information									
Business Name		Contact Name		Phor	ne	Email			
Dusings Address 4			lua			II / - II			
Business Address 1				How will the items you sell/distribute enhance the spirit and character of the event?					
Business Address 2									
City	State Z	Zip							
Vehicle & Driver Information									
Will your vehicle fit in the V-Lot?		Will you i	need ove	ersize vehicle	parking	j in P-1N Lot?			
(Must be 6ft, 6in or lower in height)	Yes No	-		6in or higher	-	,	Yes	No	
Driver 1 Name (exactly as it appears on license)	Driver's License: Issued State & Number			License	License Plate: Issued State & Number				
Driver 2 Name (exactly as it appears on license) Driver's License: Issued State & Number				License	Plate: Is	ssued State & Num	ber		
Permit Agreement									
 and signs and insurance requirements, with the Vendor Application. Download the Agreement: https://empirestateplaza.ny.gov/permi The Agreement is not applicable for Novendors wishing to apply for an insuration outlined in Item 12 of the Permit Agree 	t-agreement IYS Agencies. ance waiver must meet th								
My permit agreement is already or	ı file								
My permit agreement is included v	vith this vendor applicat	ion							
Options, Fees & Payment									
Reader/Practitioner - Basic Booth Space	:e								
10'x15' Tented space with 2 tables and 4	l parking space	\$120		Total:	\$				
Additional 15' and 2 additional tables			Qty:	x \$50	Total:	\$			
Additional Table (per table)			Qty:	x \$5	Total:	\$			
Additional Parking			Qty:	x \$10	Total:	\$			
Vendor - Basic Booth Space									
10'x15' Space with 2 tables and 2 chairs,	g space		\$100	Total:	\$				
Additional 15' and 2 additional tables		Qty:	x \$40	Total:	\$				
Additional Table (per table)			Qty:	x \$5	Total:	\$			
Additional Parking			Qty:	x \$10	Total:	\$			
				Grand Total:	\$				

Instructions: Return the completed Vendor Application with the following:

Payment in Full Any outstanding payment due to OGS may preclude participation. Payments may be made by check, money order or credit card and made payable to the NYS Office of General Services.

Signed 2023-2024 Permit Agreement (if not already on file)

Please make checks or money orders payable to: NYS Office of General Services

Return completed Vendor Application, Permit Agreement and Payment to:

diane.hems@ogs.ny.gov



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Credit Card Form

Instructions: To pay with your credit card, please complete and return this form with your application.

Card Information										
Card Type				Business Name						
AMEX	Discover	MasterCard	VISA							
Cardholder First Name				Cardholder Last Name						
Credit Card Numb	er (xxxx-xxxx-xx	(XX-XXXX) -		Expiration Date	CVV2	Billing Zip Code				
Charge Authoriza	tion									
I hereby authorize the Office of General Services to charge the following amount for the event indicated below.										
Event Name				Authorized Amount						
					\$					
Name (Print)					Dat	e				
Signature*										

^{*}The signature section must be completed. Electronic signatures are not accepted.